

AGENCY LICENSE# _____

"AGENCY NUMBER: 0710"

**Arkansas Department of Human Services
Division of Child Care and Early Childhood Education
Placement and Residential Licensing Unit
STATE POLICE CRIMINAL RECORD CHECK**

**Mail completed form and \$25 check or money order made out to the Arkansas State Police to:
Arkansas State Police- Identification Bureau 1 State Police Plaza Dr. Little Rock, AR 72209**

SEND A COPY OF ANY CRIMINAL OFFENSES FOUND TO:

AR920310Z PLACEMENT AND RESIDENTIAL LICENSING UNIT Kathy MacKay 2017 E. Race Ave. Searcy, AR 72143 #501-268-2714

LEGAL NAME: _____
Last (Include Jr., II, III) First Middle

MAIDEN NAME: _____ EMAIL ADDRESS: _____

CURRENT STREET ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ AGE: _____ RACE: ____ SEX: Male ☐ Female ☐

STATE OF BIRTH: _____ CITIZENSHIP: _____ SOC SEC #: _____

DRIVER'S LICENSE OR STATE ID NUMBER: _____ ISSUED BY STATE OF: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO ☐ YES ☐ (If yes, please provide a description of the crime and the particulars of the conviction.) _____

I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.

Signature of Applicant/Employee

Date

State of Arkansas, County of _____. Subscribed and sworn to before me a Notary Public in and for the county and state aforesaid, this _____ day of _____, _____.

Notary Public

My Commission Expires on _____, _____.

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Child Welfare Agency

Agency Representative

Phone

MAILING ADDRESS: _____
Street City State Zip